



VIRGINIA LEGACY RUN REGISTRATION

16-17-18 July 2020

(Note: FIRM Cut-Off Date: 30 June 2020)

Pri POC: Randy Gunn, (804) 271-0701 / randybbgunn@comcast.net

Sec POC: Skip Klaas, 540-220-5013 / skipklaas1037@gmail.com

Date: _____

Rider: Last Name _____ First _____ T-shirt size _____

Passenger: Last Name _____ First _____ T-shirt size: _____

Home Address: _____ Legion Post # _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail: (PLEASE PRINT LEGIBLY) _____

Emergency Contact Name: _____ Phone: (_____) _____

Misc Information: (Please circle/check answer)

Will you volunteer to be a: **ROAD CAPTAIN, ASST ROAD CAPTAIN, TAIL GUNNER** YES NO

Will you volunteer to be on the **Advanced Team** to assist at gas stops? YES NO

Do you have experience riding with a large group? YES NO Is this your first Legacy Ride? YES NO

About your bike: Make: _____ Model: _____ Miles Per Tank: _____ CB Radio: YES NO

Displacement (750 Min): _____ CC Will you use small personal trailer with motorcycle? YES NO

MAIL REGISTRATION, WAIVER(S), MEDICAL FORMS AND RIDE FEES (NO CASH) TO:

**Virginia Legacy Run
c/o Skip Klaas
Chief Road Captain
15416 Courthouse Road
Dinwiddie, VA 23841**

- a. Rider (\$25 each): \$ _____
- b. Passenger (\$15 each): \$ _____
- c. T-Shirt (\$20 each): \$ _____
- d. Donation Only: \$ _____
- e. Rally Fee (\$25 each): \$ _____ (Note 2)
- f. Legacy Ride Commemorative
Coin ____ @ \$20 ea: \$ _____
- g. Total Submitted: \$ _____ (Check #) _____

Notes:

(1) **Make check payable to: Virginia Legacy Run (Note: all funds / fees / donations are non-refundable). Memo Line: 2020 Virginia ISLR**

(2) **Those registering for the State Rally at Post 77 in Strasburg on 17-19 July 2020 will be given a wrist band as proof of pre-payment. For those without wrist bands, on site Rally registration will be available. Contact Frank Hillyard, (540) 532-9536, for additional State Rally information.**

Office Use Only
Group Assigned _____

Participant Accident Waiver/Release of Liability Form (RIDER/DRIVER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the **VIRGINIA LEGACY RUN**, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: SVALR Post 284, the American Legion, the American Legion Department of Virginia, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of Virginia, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by Virginia and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

6. Each rider and passenger must sign their own separate and individual Participant Accident Waiver/Release of Liability Form. There cannot be more than one signature per form.

RIDER/DRIVER NAME: _____ PHONE #: _____
(Please Print)

EMERGENCY CONTACT: _____ PHONE #: _____
(Please Print)

SIGNATURE: _____ DATE: _____ 2020

Participant Accident Waiver/Release of Liability Form (PASSENGER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the **VIRGINIA LEGACY RUN**, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: SVALR Post 284, the American Legion, the American Legion Department of Virginia, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of Virginia, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by Virginia and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

6. Each rider and passenger must sign their own separate and individual Participant Accident Waiver/Release of Liability Form before taking part in the event(s). There cannot be more than one signature per form.

PASSENGER NAME: _____ PHONE #: _____
(Please Print)

EMERGENCY CONTACT: _____ PHONE #: _____
(Please Print)

SIGNATURE: _____ DATE: _____ 2020

VIRGINIA LEGACY RUN
JULY 16-17-18, 2020
EMERGENCY INFORMATION

RIDER/DRIVER

PASSENGER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

DOB _____ SEX M ___ F ___

DOB _____ SEX M ___ F ___

Cell Phone (____) _____

Cell Phone (____) _____

In the event of an emergency, do you have any medical conditions or take any medications the First Responders should be aware of?

In the event of an emergency, do you have any medical conditions or take any medications the First Responders should be aware of?

Blood Type: _____

Blood Type: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RIDER/DRIVER

PASSENGER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE (____) _____

PHONE (____) _____

MEDICAL INSURANCE INFORMATION

RIDER

Rider

Primary Ins: _____

Primary Ins: _____

Account # _____

Account # _____

Phone # _____

Phone # _____

Secondary Ins: _____

Secondary Ins: _____

Account # _____

Account # _____

Phone # _____

Phone # _____